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☐	L3	L2 same (dam or aro or aroa or aro-a or aro-d)	4

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Correspondence

Enophthalmos Is Not Present in Horner Syndrome

Robert Daroff

The case report by Nautiyal et al. [1] is an instructive reminder that the first episode of an acute painful Horner Syndrome should prompt imaging of the ipsilateral internal carotid artery, since carotid dissection (as well as other conditions, such as high-grade stenosis) needs to be ruled out. Unfortunately, the authors perpetuate the extremely common misconception that enophthalmos accompanies ptosis and miosis in human Horner Syndrome. It is only an illusion of enophthalmos caused by the ptosis. This is evident in the left eye of their patient in Figure 1 of the case report.

Actual measurement with exophthalmometry clearly demonstrates the lack of enophthalmos. As stated by Loewenfeld ([2], p. 1139), "Animals such as cats, rats, or dogs have enophthalmos on the side of the sympathetic lesion. But in man, the enophthalmos is only apparent. The small palpebral fissure makes the eye look sunken in on the affected side, but the position of the globe in the orbit remains virtually unchanged. This has been found by all workers who have measured the supposed enophthalmos objectively." Loewenfeld cites four supportive references.

Thompson and Miller ([3], p. 964) provide four additional references that the enophthalmos "is apparent rather than real." ■

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References
1. Nautiyal A, Singh S, DiSalle M, O'Sullivan J (2005) Painful Horner syndrome as a harbinger of silent carotid dissection. PLoS Med 2: e19. DOI: 10.1371/journal.pmed.0020019
2. Loewenfeld IE (1999) The Pupil: Anatomy, physiology, and clinical applications, Volume 1. Boston: Butterworth-Heinemann. 2 v.
3. Thompson HS, Miller NR (1998) Disorders of pupillary function, accommodation, and lacrimation. In: Miller NR, Newman NJ, editors. Walsh and Hoyt's Clinical Neuro-ophthalmology, Volume 1, 5th ed. Baltimore: Williams and Wilkins. pp. 961–1040.

Citation: Daroff R (2005) Enophthalmos is not present in Horner Syndrome. PLoS Med 2(4): e120.

Competing Interests: The author has declared that no competing interests exist.

DOI: 10.1371/journal.pmed.0020120

Is American Bioethics Lost in the Woods?

Michael Cook

The debate between a libertarian bioethicist and a communitarian bioethicist [1] illustrates why American bioethics is becoming increasingly marginalised and irrelevant to the democratic society that it intends to serve.

Both participants in the debate, Arthur Caplan and Carl Elliott, explicitly reject the notion of "human nature" as a foundation for bioethics. But without human nature, on what grounds can advances in biomedical knowledge be called good or bad, right or wrong, or even harmful or beneficial? Clearly Caplan and Elliott have to accept something as a touchstone of their bioethical discourse, or it will lapse into windy incoherence. Although they approach it from different angles, this benchmark is informed consent, with Elliott placing the stress on "informed" and Caplan on "consent".

As a result, their lively disagreement over enhancement technology is just verbal sparring and not a battle of ideas. Caplan believes that the consumer-patient is sufficiently mature to weigh up the dangers; Elliott is more sceptical. Neither appears to think that it makes any sense to argue that technology should be suited to human nature. This belief seems to be widespread in the bioethics community. Ruth Macklin, a bioethicist at Albert Einstein College of Medicine, argued recently, for instance, that "human dignity" is an empty and meaningless concept [2].

However, academic discourse has failed to dislodge from the heads of the hoi polloi the conviction that the starting point of ethics is not consent but happiness. The man in the street, the ultimate consumer of bioethics, still believes in human nature. The notion that human dignity is meaningless would be regarded by nearly all Americans as not merely absurd but reprehensible.

What I find odd in the writings of many bioethicists is that they skirt around the question that the average person wants to ask: will this enhancement make me happy in a deeply satisfying and fulfilling way? He or she is much less interested in whether all the boxes on the informed consent form have been ticked properly.

Consequently, as the Caplan–Elliott bunfight demonstrates, bioethicists are now reduced to arguing that human enhancement is good if people want it—even if they want it mainly because powerful commercial interests have persuaded them to, even if it is weird and kinky, even if it won't make them happy. Elliott's fascinating book *Better than Well* [3] is evidence that exercising a right to enhancement still leaves many lives hollow and unhappy. Sooner or later people will ask why they hadn't been warned, and a lot of bioethicists will be looking for jobs. ■

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1. Caplan A, Elliott C (2004) Is it ethical to use enhancement technologies to make us better than well? PLoS Med 1: e52. DOI: 10.1371/journal.pmed.0010052
2. Macklin R (2003) Dignity is a useless concept. BMJ 327: 1419–1420.
3. Elliott C (2003) Better than well: American medicine meets the American dream. New York: W. W. Norton. 357 p.

Citation: Cook M (2005) Is American bioethics lost in the woods? PLoS Med 2(4): e121.

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PLOTKIN & MORTIMER

VACCINES

VACCINES

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L5: Entry 68 of 98 File: USPT Jul 6, 1982

DOCUMENT-IDENTIFIER: US 4338335 A
TITLE: Vaccine stabilizer containing L-glutamic acid and L-arginine

CLAIMS:

1. A stabilizer for a liquid vaccine consisting essentially of on a parts by weight basis from about 1.5 to about 2.1 parts partially hydrolyzed gelatin having a molecular weight of about 3,000, from about 7.0 to about 13.0 parts of sorbitol, sucrose, lactose or maltose, from about 0.4 to about 0.6 parts of an in vitro cell culture medium, from about 0.35 to about 0.7 part L-glutamic acid, from about 0.75 to about 1.3 parts L-arginine, and an amount of a physiologically acceptable acidic buffer effective to adjust the pH to from about 6.0 to about 6.5.

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L5: Entry 15 of 98 File: USPT Apr 3, 2001

DOCUMENT-IDENTIFIER: US 6210683 B1
TITLE: Stabilizers containing recombinant human serum albumin for live virus vaccines

CLAIMS:

10. The vaccine of claim 1 further comprising, per liter: sorbitol at 20-90 g/l; sucrose at 0-70 g/l; 1 M Sodium Phosphate, pH 6.2, at 65-85 mL; and Tissue Culture Medium.

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L5: Entry 8 of 98 File: USPT Jun 25, 2002

DOCUMENT-IDENTIFIER: US 6410033 B1
TITLE: Recombinant infectious bovine rhinotracheitis virus

CLAIMS:

24. The vaccine of claim 23, wherein the carrier is a physiologically balanced culture medium containing stabilizing agents.

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L5: Entry 17 of 98 File: USPT Oct 24, 2000

DOCUMENT-IDENTIFIER: US 6136318 A
TITLE: Recombinant fowlpox viruses and uses thereof

CLAIMS:

23. The vaccine of claim 22, wherein the carrier is a physiologically balanced culture medium containing stabilizing agents.

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L5: Entry 22 of 98 File: USPT Oct 5, 1999

DOCUMENT-IDENTIFIER: US 5961982 A
TITLE: Recombinant herpesvirus of turkeys and uses thereof

CLAIMS:

3. The vaccine of claim 2, wherein the suitable carrier is a physiologically balanced culture medium containing stabilizing agents.

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L5: Entry 49 of 98 File: USPT Jan 15, 1991

DOCUMENT-IDENTIFIER: US 4985244 A
TITLE: Stabilized live attenuated vaccine and its production

CLAIMS:

1. A stabilized live attenuated vaccine, which comprises a live attenuated plain vaccine consisting of measles, mumps or rubella virus grown in a medium-199 for cell culture, or a combined live attenuated vaccine thereof, in admixture with a stabilizing agent which is a combination consisting essentially of lactose 2.5-5 W/V%, saccharose 2.5-5 W/V%, D-sorbitol 1.8-2 W/V%, sodium glutamate about 0.1 W/V% and gelatin hydrolyzate, M.W. approx. 35,000, 2-3 W/V%.

2. A stabilized live attenuated vaccine according to claim 1 wherein the said vaccine is a lyophilized vaccine produced by lyophilizing a live attenuated plain vaccine consisting of measles, mumps or rubella virus grown in a medium-199 for cell culture, or a combined live attenuated vaccine thereof, in admixture with said stabilizing agent.

3. A process for preparing a live attenuated vaccine which comprises growing a seed virus in a medium-199 for cell culture to produce a live attenuated plain vaccine of measles, mumps or rubella, or a combined live attenuated vaccine thereof, adding said stabilizing agent thereto to prepare a stabilized live attenuated vaccine solution, and lyophilizing the said solution.

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L11: Entry 10 of 24 File: USPT Mar 30, 2004

DOCUMENT-IDENTIFIER: US 6713073 B1
** See image for Certificate of Correction **
TITLE: Method of vaccination of newly hatched poultry

Detailed Description Text (14):
The vaccine can be prepared by growing the vaccine strain in suitable growth media and then used as is or formed into a vaccine composition by combining the growing culture, or the cells therefrom, with a suitable diluent. Suitable diluents are preferably liquids and are more preferably a liquid that does not adversely effect the stability and vitality of the vaccine culture and which has a viscosity similar to water so that it will easily form droplets of a coarse spray. The diluent is preferably free of chlorine, antibiotics, antimicrobials, or any other agent that may be harmful to the live vaccine organisms. Vaccine should be dispersible in the diluent so that no solid lumps or chunks of vaccine remain and the diluent should be at a temperature that is not harmful to the live vaccine microbes. Examples of suitable diluents include water, distilled water, de-ionized water, skim milk, water containing Marek's vaccine stabilizer, buffered saline with gelatin, and similar compositions that are well-known to persons of skill in the art. The vaccine is preferably introduced into the diluent while the diluent is at a temperature of approximately room temperature or cooler more preferably from about 34.degree. C. to about 15.degree. C.